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Bib Data Sheet

CONFIRMATION NO. 8880

SERIAL NUMBER 10/785,260	FILING OR 371(c) DATE 02/23/2004 RULE	CLASS 424	GROUP ART UNIT 1657	ATTORNEY DOCKET NO. Premier US-2
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**APPLICANTS**

Warren Shapiro, Loveland, OH;  
 Jon Anderson, Galesburg, MI;

*YES*

*1657*  
*02/04/06*

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/900,652 07/07/2001 PAT 6,719,964

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

05/18/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	OH	0	20	3
Verified and Acknowledged	<i>[Signature]</i>	<i>[Initials]</i>			

**ADDRESS**

Dahl & Osterloth, LLP  
 Suite 3405  
 555 17th Street  
 Denver, CO80202-3937

**TITLE**

Compositions for prevention of chemically induced irritation or discoloration

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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